Department of Vermont Health Access
Pharmacy Benefits Management Program
DUR Board Meeting
Draft Minutes

May 10, 2022: 5:00 – 8:30 p.m.

- **Board Members**
  Present: Mark Pasanen, MD, Bill Breen, RPH, Claudia Berger, MD, Andy Miller, RPH, Douglas Franzoni, PharmD, Renee Mosier, PharmD, Lucy Miller, MD

  Absent: Joe Nasca, MD, Margot Kagan, PharmD

  Staff: Laurie Brady, RPh, Change Healthcare, Lisa Hurteau, PharmD, DVHA, Jason Pope, DVHA, Carrie Germaine, DVHA, Marietta Scholten, DVHA, Jacquelyn Hedlund, MD, Change Healthcare, Mike Ouellette, RPh, Change Healthcare, Sandi Hoffman, DVHA

  Guests: Adam Denman (Global Blood Therapeutics), Kristen Chopas (Gilead Sciences), Rasheed Jandali, John Davis, Lisa Libera, Mariola Vazquezv (Leo Pharma), Mark Golick (Neurocrine Biosciences), Lindsey Walter, Megan Walsh (Abbvie), Paul Iskwev (Teva Pharmaceuticals), Jon Ciruso, Nikhil Kradker (Genetech), Frank Lamotte (Indivior), Nicolas Primpas

- **Executive Session**

- **Introductions and Approval of DUR Board Minutes**

- **DVHA Pharmacy Administration Updates**

- **Medical Director Update**

- **Follow-up Items from Previous Meetings**
  - None at this time.

- **RetroDUR/DUR**
  - Data presentation: Letrozole Use for Infertility
  - Introduce: Opioid Use from Multiple Providers

- **Clinical Update: Drug Reviews**

  Biosimilar Drug Reviews
  - Releuko® (filgrastim-ayow)

  Full New Drug Reviews
  - Livmarli® (maralixibat))

    Recommendation: Add Livmarli® (maralixibat) to non-preferred.

    Board Decision:
    ☒ Approved

☐ Approved with modifications
☐ Not approved
☐ Deferred

- Skytrofa® (lonapegsomatropin-tcgd)

  Recommendation: Add Skytrofa® (lonapegsomatropin-tcgd) to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Thyquidity™ (levothyroxine sodium)

  Recommendation: Add Thyquidity™ (levothyroxine sodium) oral solution and Tirosint®-Sol (levothyroxine sodium) oral solution to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Tyrvaya™ (varenicline solution)

  Recommendation: Add Cyclosporin ophthalmic emulsion 0.05% droperette (compare to Restasis®) with QTY LIMIT: 180 vials per 90 days and Tyrvaya® (varenicline solution) nasal spray with QTY LIMIT: 2 bottles (8.4mL) per 30 days to non-preferred

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- **New Managed Therapeutic Drug Classes**
  - None at this time

- **Therapeutic Drug Classes – Periodic Review**
  - Atopic Dermatitis (new drug Adbry® (tralokinumab-ldrm), Cibinqo® (abrocitinib) and Opzelura® (ruxolitinib) included)

    Recommendation: Remove Protopic® (tacrolimus) ointment from the PDL. Move Elidel® to preferred for ages ≥ 2, Tacrolimus 0.03% ointment to preferred for ages ≥ 2, and

Tarcolimus 0.01% ointment to preferred for ages ≥ 16. Add Adbry® (tralokinumab-ldrm) subcutaneous injection) to preferred after clinical criteria are met with QTY LIMIT: 6 syringes the first 28 days then 4 syringes every 28 days thereafter. Add Cibinqo® to non-preferred with QTY LIMIT: 1 tab/day; Maximum 30 days supply. Add Opzelura® (ruxolitinib) to non-preferred. Add Rinvoq® (upadactinib) extended release tablet to non-preferred with QTY LIMIT: 1 tablet/day; Maximum 30 days supply.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Bladder Relaxants

  Recommendation: Remove Enablex® (darifenacin) from the PDL. Add Myrbetriq® ER Granules for Suspension to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Benign Prostatic Hyperplasia (BPH) Agents

  Recommendation: Remove gender and age limitations for finasteride (compare to Proscar®).

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Colony Stimulating Factor (CSF) Agents (biosimilar Releuko® (filgrastim-ayow) included)

  Recommendation: Add Releuko® (filgrastim-ayow) and Leukine® (sargramostim) to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Erythropoietin Stimulating Agents

  Recommendation: No changes.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None needed

- Immunosuppressants

  Recommendation: No changes.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None needed

- Idiopathic Pulmonary Fibrosis (IPF)

  Recommendation: No changes.

  Board Decision:
  ☐ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred
  ☒ None needed

- Movement Disorder

  Recommendation: Move Austedo® (deutetrabenazine) tablets with QTY LIMIT: 48 mg/day; Maximum 1-month supply per fill and Ingrezza® (valbenazine tosylate) capsules with QTY LIMIT: 80 mg/day; Maximum 1-month supply per fill to preferred after clinical criteria are met.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Select Contraceptive Agents

Recommendation:

Progestin Only Contraceptives:

Remove Ortho® Micronor (norethindrone) from the PDL.

Vaginal Ring:

Add Nuvaring® (etonogestrel/ethinyl estradiol vaginal ring) to preferred. Move Etonogestrel/ethinyl estradiol vaginal ring to non-preferred.

Topical Contraceptives:

Move Twirla® (levonorgestrel/ethinyl estradiol) patch to preferred. Add Zafemy (norelgestromin/ ethinyl estradiol) patch to preferred.

Emergency Contraceptives:

Remove Take Action (levonorgestrel) from the PDL.

Board Decision:

☒ Approved

☐ Approved with modifications

☐ Not approved

☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - Tranexamic Acid

    Recommendation: Move Tranexamic acid (compare to Lysteda®) to preferred.

    Board Decision:

    ☒ Approved

    ☐ Approved with modifications

    ☐ Not approved

    ☐ Deferred

- **General Announcements**

  Selected FDA Safety Alerts
  - None at this time.

- **Adjourn** **7:55 pm**